

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1								51			
2		↑						52			
3								53			
4								54			
5								55			
6								56			
7								57			
8								58			
9								59			
10								60			
11								61			
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13								63			
14								64			
15								65			
16								66			
17								67			
18								68			
19								69			
20								70			
21								71			
22								72			
23								73			
24		④						74			
25	④							75			
26								76			
27								77			
28								78			
29								79			
30								80			
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37								87			
38								88			
39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49							99				
50							100				
TOTAL IND.	11		↓		↓		TOTAL IND.		↓		
TOTAL DEP.	28		←		←		TOTAL DEP.		←		
TOTAL CLAIMS	39						TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS